Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/7/03.

I. DISPUTE

Whether there should be additional reimbursement for CPT 99213. Billed amount $70.00. Payment received was $32.63.

II. RATIONALE

The service in dispute was initially denied as, "F-Fee Guideline MAR Reduction". Medical Dispute was received on 11/7/03. Respondent submitted an EOB, dated 11/17/03, with denial codes "F-Fee Guideline MAR reduction" and "C-Negotiated contract price". Rule 133.307 (e)(j)(2) states, in part, "…Responses shall not address new or additional denial reasons after the filing of a request. Any new denial reasons shall not be considered."

The Requestor states, in the letter dated 2/3/04, "We received reimbursement but it was not properly reimbursed per the new Medicare fee schedule".

Respondent reported, on the TWCC 60 that was received on 11/08/03 that the medical dispute had been resolved.

Commission Rule 134.202 (b), Medical Fee Guideline, effective 8/1/03, states that, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a services is provided with any additions or exceptions in this section." To determine the maximum allowable reimbursement (MAR) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: Rule 134.202 (c) (1) states, "For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology. The conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by Centers for Medicare and Medicaid Services multiplied by 125%."

Per Medicare Fee Schedule, reimbursement should be $40.79 - $32.63 (payment received) = $8.16. Therefore, reimbursement is recommended for $8.16.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of $ 8.16. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit $8.16 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 08th day of March 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc